



LEYDEN AREA SPECIAL EDUCATION COOPERATIVE

10401 GRAND AVE., FRANKLIN PARK, IL 60131

PHONE: 847-455-3143 FAX: 847-451-4892

Michael T. McElherne, Ed.D.

Director

SPEECH/LANGUAGE EVALUATION

Student Name (L,F,M):	Birthdate	School	Other Languages Spoken
-----------------------	-----------	--------	------------------------

The student does not exhibit speech/language problems, therefore a comprehensive speech evaluation is not needed at this time.

I. **Articulation/Phonology**
Test(s) Administered/Results

Person making decision _____ Date _____

II. **Receptive Language**
Test(s) Administered/Results

III. **Expressive Language**
Test(s) Administered/Results

Student Name:

Birthdate:

IV. Oral Mechanism (Structure and Function)

**V. Pragmatics
Comments**

Appropriate

Not Appropriate

**VI. Voice
Comments**

Adequate

Inadequate

**VII. Fluency
Comments**

Adequate

Inadequate

VIII. Summary of Findings

IX. Recommendations

Speech/Language Pathologist

Date